

INDIANA DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

Procedures for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in meth labs/homes.

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue ("meth homes"). Both scenarios fall within Indiana's statutory definition of child abuse/neglect. Children will be removed, given necessary health care and placed with alternate caregivers, as outlined below.

A. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM OPERATIONAL METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered operational when the chemicals and/or equipment used to make methamphetamine are present, regardless of whether the lab is actively "cooking" or not.

- Only OSHA-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
- No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
- Responders will contact DCS if a family case manager is not already on the scene (call 800-800-5556 and request immediate dispatch; state that children have been found at a meth lab and state the number of children).
- Fire departments will not use water to fight meth lab fires if explosion/fire is occurring and anhydrous ammonia and/or lithium is detected or suspected. Water will ignite these chemicals.
- LEA will enter the lab wearing appropriate safety gear; (Refer to [OSHA Standards 1910.132-137 \(Personal Protective Equipment\)](#) secure the scene; and remove adults and children from home.
- No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If medications and eyeglasses must be removed, place in a sealed bag.
- LEA will determine if the children live in the home. Visiting children who are not under the care and custody of an adult living in the home or in the home at the time of the bust are not considered victims of child abuse/neglect. These children should be reunited with their caregivers unless juvenile charges will be pressed (defer to LEA). Caregivers should be given details of children's possible chemical/drug exposure and advised to seek appropriate health care for children.

B. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM HOME WHERE ACCESS TO METH

Appropriate Responder: LEA, and if LEA gives clearance, additional responders

- Any responder who discovers children living in a home where meth is being used/dealt and where the children have access to the drug or drug residue will contact LEA (call 9-1-1) and DCS (800-800-5556) and request dispatch to the scene.
- If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab, he/she will exit immediately without alarming the suspects and contact LEA (see Procedure A above).
- Other responders may only enter the crime scene if it has been secured and determined safe by LEA. Other responders will work under the direction of LEA to assist in removing children, and if directed to do so, their belongings, from the home.

C. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

Appropriate Responder: Medically-trained personnel

Medically-trained personnel will do an initial assessment immediately upon removal of children from meth lab/home to determine whether the children are in need of emergency care. Refer to [Indiana DEC Comprehensive Care Protocol](#) for details.

D. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

Appropriate Responder: Emergency Medical Services (EMS)

If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a meth lab, call prior to arrival, alert of possible chemical contamination and follow ER procedures.

E. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB

Appropriate Responder: Any available, with special consideration given to age and sex of child

Special consideration should be given to who helps the children undress. A child may be uncomfortable being undressed by a man or a woman who is not a medical professional.

- If possible given specific circumstances, photograph and decontaminate the children (remove chemical residue) at the scene by taking the children to a safe location that affords privacy and doing the following: Wear latex gloves; photograph children in original clothing to document cleanliness; remove clothing down to undergarments; photograph any visible injuries; use wet-wipes to cleanse body, including face; dress in disposable Tyvex® suit or clean clothing provided by a responder; follow LEA procedure for disposal of contaminated gloves, wipes and clothing.
- If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following: Wear latex gloves; leave child in existing clothing; use wet-wipe to cleanse hands and face; wrap child in a disposable emergency blanket or a thick blanket; or put oversized coat/sweat suit over child's clothing; follow LEA procedure for disposal of contaminated gloves and wipes.

F. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 12 HRS

Appropriate Responder: Department of Child Services (DCS) or medical personnel

A urine sample should be collected from all children who are removed from meth labs. For children removed from meth homes (where meth was being used or dealt but not manufactured), DCS should collaborate with LEA to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 12 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and sex of the child when determining who will monitor (and assist, if necessary) the child during this process.

- If possible given specific circumstances, a DCS family case manager or medical personnel will collect a urine sample from the child at the scene. Collection at the scene should only happen without compromising child safety or privacy. Examples of other appropriate locations for urine collection are the local DCS office, a child advocacy center, medical facility, etc.
- Observe the following chain-of-evidence procedures: witness the collection of the urine; seal the container; label the container with the date, time, the child's name and the witness's name; sign the label.
- Follow local procedures for storing prior to delivery to lab for analysis.
- Order a urine screen that is quantitative for the level of meth (performed at 50 nanograms or lower with confirmatory results reported at any detectable level) and qualitative for drugs of abuse.

G. INITIAL FORENSIC INTERVIEW OF CHILDREN

Appropriate Responder: Personnel trained in child-friendly forensic interview techniques

The purpose of this brief interview is to determine the children's primary caregiver, the kind of care the children are receiving and the degree of access children have had to the meth lab and/or drugs.

- If possible given specific circumstances, conduct preliminary forensic interview of child at the scene to ascertain:
 - Last meal eaten and who prepared it
 - Last bathing and by whom
 - How child feels physically and mentally
 - Child aware if anyone in home smokes?
 - If yes, what do they smoke?
 - Anything in house that bothers the child?
 - Other siblings living in the house who aren't home right now?
- Follow-up with a full forensic interview in a child-friendly setting within 48 hours of removal from meth home.

H. TRANSFER OF CHILDREN TO SHELTER**Appropriate Responder: DCS**

By Indiana statute, children found living in meth labs/homes are considered to be victims of child abuse/neglect. (For exceptions, see Procedure A, Item 7). DCS must intervene on behalf of these children and determine the appropriate out-of-home placement. If DCS is unable to respond to the scene in a timely fashion, any available responder should contact a [local DCS office](#) for the location of the nearest child advocacy center, emergency shelter, etc., and transport the child. Other responders may not release children to neighbors, relatives, etc.

1. DCS will obtain children's birth and medical information from caregivers, if present, and serve notice of detention hearing.
2. DCS will decontaminate the children if not done previously (see Procedure E details).
3. DCS will follow local procedures and take child to local DCS office, child advocacy center, or emergency shelter for care and supervision while out-of-home placement options are evaluated.
4. DCS will transport children to out-of-home placement and explain the following to the children's caregivers:
 - a. The children were removed from a meth home and had exposure to: ____ (chemicals, drugs, etc.)
 - b. The children must be taken to a medical facility by ____ (time) on ____ (date) for a complete pediatric physical exam that also includes a developmental, dental and mental health screen (time/date must be within 24 hours of removal from meth home). If any child exhibits signs of critical health problems prior to the exam, immediately transport to ER.
 - c. The children will need additional exams/care within 30 days (See [Indiana DEC Comprehensive Care Protocol](#))
 - d. If the children were taken from an operational meth lab, the following should also be explained to the caregiver:
 - i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing separately from other clothing in hot water and laundry detergent or placed in the garbage in a closed plastic bag.
 - ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.

I. LOCATION OF OTHER CHILDREN**Appropriate Responder: DCS**

1. DCS will attempt to locate all other children known to live in the meth home who were not present at the time of the bust.
2. DCS will arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and an initial medical assessment to determine whether children need of emergency care.
3. DCS will coordinate the completion of all other appropriate steps contained in this protocol.

J. DOCUMENTATION OF CHILD ENDANGERMENT**Appropriate Responder: LEA**

1. The clandestine lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of accessibility of the child. Documentation will occur in writing, photos and/or video and will include any of the following risk factors:

a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals	d. Other hazards and indications of neglect
b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia	e. Access to pornography
c. Proximity of hazards to children's play and sleep areas	f. Access to weapons
	g. Food quantity and quality
	h. Sleeping conditions
	i. Sanitary conditions
2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live).
3. Take measurements to document location of chemicals/equipment/drugs (The measurements will later be compared to each child's height and reach).
4. Retrieve samples for forensic laboratory.
5. Interview neighbors and other witnesses as appropriate.
6. Dismantle meth lab (Should be done by personnel certified to dismantle clandestine labs)

K. COMPLETE MEDICAL EVALUATION OF CHILDREN**Appropriate Responder: Medical Doctor**

A complete medical evaluation must be administered within 24 hours of the children's removal from the meth lab/home. If a urine sample has not yet been collected, the complete medical evaluation should occur within 12 hours of removal from the meth lab/home and the urine collection should be part of the evaluation. If available given time of day, a primary care center, clinic, or other medical facility is preferable to an ER. Refer to [Indiana DEC Comprehensive Care Protocol](#), Procedure C for details of the medical evaluation.

L. PROSECUTION AND ADMINISTRATIVE FOLLOW-UP**Applies to: LEA, DCS, prosecution, medical providers**

1. LEA and DCS collaborate to complete a full forensic interview of child. The interview should be conducted within 48 hours of removal in a child-friendly location by a professional who is trained in child-friendly forensic interview techniques.
2. LEA will complete a case report that includes autopsy reports, documentation of child endangerment, etc.
3. LEA will notify the [local health department](#) of all meth lab discoveries.
4. LEA, DCS and medical providers will coordinate exchange of information contained in DCS intake/investigation report(s), medical report (including urine screen results), and LEA case report for prosecution purposes.

M. FOLLOW-UP CARE FOR CHILDREN**Applies to: DCS, medical/mental/developmental/dental health providers**

1. For children that are under the care and custody of the State of Indiana, DCS family case manager will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child (see [Indiana DEC Comprehensive Care Protocol](#)).
2. DCS will collaborate with medical/mental/developmental health care providers to evaluate adequacy of any out-of-home placements with regard to the needs of the children.
3. DCS will provide information on appropriate follow-up care to children's caregivers.
4. DCS will not allow child/parent visits to occur in homes that formerly housed meth labs. This is because presently Indiana has no standardized method for tracking and certifying decontamination of such sites.



Indiana State
Department of Health

